



Atty. Dkt. No. 065691-0176

~~\$1648~~
#20

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Andre Jestin *et al.*

Title: CIRCOVIRUS SEQUENCES
ASSOCIATED WITH PIGLET
WEIGHT LOSS DISEASE (PWD)

RECEIVED

JAN 16 2003

Appl. No.: 09/514,245

TECH CENTER 1600/2900

Filing Date: 02/28/2000

Examiner: A. Salimi

Art Unit: 1648

AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

☐ Small Entity statement is enclosed.

☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	24	42	0	\$18.00	\$0.00
Independents:	5	5	0	\$84.00	\$0.00
First presentation of any Multiple Dependent Claims:				\$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

☒ Applicants hereby petition for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:



Atty. Dkt. No. 065691-0176

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$410.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$930.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
EXTENSION FEE TOTAL:			\$110.00
CLAIMS AND EXTENSION FEE TOTAL:			\$110.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$110.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$110.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Jan. 13, 2003

By [Signature] (28,665)

FOLEY & LARDNER
Washington Harbour
3000 K Street, N.W., Suite 500
Washington, D.C. 20007-5143
Telephone: (202) 672-5569
Facsimile: (202) 672-5399

[Signature] Stephen B. Maebius
Attorney for Applicants
Registration No. 35,264

RECEIVED
JAN 16 2003
TECH CENTER 1600/2900